

247184

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC ☐ CLEC ☐ ILEC ☐ Wireless

2013-12-A

CERTIFICATED COMPANY INFORMATION

Company Name ATN, Inc.	FEIN/SSN
Dbafka	Telephone # 912-580-3780
Mailing Address 913 Dilworth Street	
City, State, Zip Code St. Marys, GA 31558	
Business Location 913 Dilworth Street, St. Marys, GA 31558	
City, State, Zip Code	Camden County

REGISTERED AGENT INFORMATION

Registered Agent: National Registered Agents, Inc

Mailing Address: 2 Office Court, Suite 103, Columbia, SC 29223

City, State, Zip Code

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

Michael A. Layland

- A. **General Manager** (Include Address if different than above)
912-580-3775 / 912-673-6004 / michael@atni.net
 Telephone Number / Facsimile Number / E-mail Address
Karen Doss-Harbison
- B. **Customer Relations/Complaints Representative** (Include Address if different than above)
912-464-9298 / 912-673-6004 / kdoss@atni.net
 Telephone Number / Facsimile Number / E-mail Address
Karen Doss-Harbison
- C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)
/ /
 Telephone Number / Facsimile Number / E-mail Address
- C2. **Customer Contact** (Toll Free Number)
Michael A. Layland
- D. **Engineering Operations** (Include Address if different than above)
912-580-3775 / 912-673-6004 / michael@atni.net
 Telephone Number / Facsimile Number / E-mail Address
Michael A. Layland
- E. **Test and Repair** (Include Address if different than above)
912-580-3775 / 912-673-6004 / michael@atni.net
 Telephone Number / Facsimile Number / E-mail Address
Michael A. Layland
- F. **Emergencies** (During Non-Office Hours)
904-556-9340 / 912-673-6004 / michael@atni.net
 Telephone Number / Facsimile Number / E-mail Address

RECEIVED

SEP 23 2013

PSC SC
MAIL / DMS

RECEIVED

OCT 14 2013

PSC SC
MAIL / DMS

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. **Regulatory Officer** (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

H. **Dual Party Mailings** (Name)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

I. **Interim LEC Fund Mailings** (Name)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address
Ivette Vera

J. **Universal Service Fund Mailings** (Name)
913 Dilworth Street, St. Marys, GA 31558
(Mailing Address)
912-580-3780 / 912-673-6004 / ivera@myphoneaccount.com
Telephone Number / Facsimile Number / E-mail Address
Ivette Vera

K. **Gross Receipts Mailings** (Name)
913 Dilworth Street, St. Marys, GA 31558
(Mailing Address)
912-580-3780 / 912-673-6004 / ivera@myphoneaccount.com
Telephone Number / Facsimile Number / E-mail Address

L. **Lifeline Mailings** (Name)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

Ivette Vera
This form was completed by *Ivette Vera* **Signature** *Ivette Vera*
Treasurer **Title** *9-6-13* **Date**

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211
And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201